

SOUTH DAKOTA DEPARTMENT OF LABOR AND REGULATION
SOUTH DAKOTA ELECTRICAL COMMISSION

308 S. Pierre St. Pierre, SD 57501
 Tel: 605.773.3573. Toll-Free: 1.800.233.7765 Fax: 605.773.6213 electrical.sd.gov

ELECTRICIAN LICENSE APPLICATION

INSTRUCTIONS: This application must be filled out legibly in ink. Complete all spaces. If the question does not apply, write "none" in the blank space. Failure to answer questions may cause the application to be returned. All licenses expire June 30 of the even numbered years. The application process takes approximately 30 days.

PART I

Select one of the options below and submit the required fees with the completed application.	APPLICATION FEE	LICENSE OR RECIPROCAL FEES	EXAM	RECIPROCAL
Check one				
<input type="checkbox"/> Electrical Inspector	\$ 40.00	\$ 40.00	<input type="checkbox"/>	
<input type="checkbox"/> Electrical Contractor	\$ 40.00	\$ 100.00	<input type="checkbox"/>	
<input type="checkbox"/> Inactive EC	\$ 40.00	\$ 40.00	<input type="checkbox"/>	
<input type="checkbox"/> Reciprocal EC	\$ 100.00			<input type="checkbox"/>
<input type="checkbox"/> Class B Electrician	\$ 40.00	\$ 40.00	<input type="checkbox"/>	
<input type="checkbox"/> Inactive CBE	\$ 40.00	\$ 40.00	<input type="checkbox"/>	
<input type="checkbox"/> Journeyman	\$ 40.00	\$ 40.00	<input type="checkbox"/>	
<input type="checkbox"/> Inactive JM	\$ 40.00	\$ 40.00	<input type="checkbox"/>	
<input type="checkbox"/> Reciprocal JM	\$ 40.00			<input type="checkbox"/>
<input type="checkbox"/> 501(d) - [licensee is restricted to wiring on 501(d) properties within South Dakota]	\$ 40.00	\$ 40.00	<input type="checkbox"/>	
<input type="checkbox"/> Apprentice	\$ 20.00			Issuance

Name _____ SSN _____ **

Mailing Address _____ City _____

State _____ Zip _____ Preferred Tel: (_____) _____ - _____ Alternate Tel: (_____) _____ - _____

Email address _____ Notification Preference: ☐ email ☐ mail

Type of SD license you currently hold? _____ License No. _____

Present Employer _____ Their License No. _____

****The disclosure of the applicant's Social Security Number (SSN) is mandatory pursuant to 42 USCA 666, Title IV-D of the Social Security Act. The Electrical Commission will keep the applicant's SSN confidential.**

COMMISSION OFFICE USE ONLY			Date of Review _____		
	Approved	Disapproved	Reviewer(s)		
Examination	<input type="checkbox"/>	<input type="checkbox"/>			
Reciprocal	<input type="checkbox"/>	<input type="checkbox"/>			
Issuance	<input type="checkbox"/>	<input type="checkbox"/>			

Type of Exam: EI – EC – CBE – JM					
Exam #	Exam Date	Score	Exam #	Exam Date	Score
1.	_____	_____	3.	_____	_____
2.	_____	_____	4.	_____	_____

PART II

A. Have you ever been issued an electrical license from another State? ☐ Yes ☐ No

If yes, State _____ Type _____ License# _____ In force from _____ to _____

State _____ Type _____ License# _____ In force from _____ to _____

How was the license obtained? (Check one) ☐ Grandfather ☐ Reciprocal ☐ Exam ☐ Issuance ☐ Other

B. Have you ever had a license denied or revoked? ☐ Yes ☐ No If yes, please state reason _____

C. Have you ever been convicted of, or pled guilty or nolo contendere to a crime of violence as defined under §22-1-2?
☐ Yes ☐ No If yes, submit a separate sheet giving date, place, and full particulars and attach as part of this application.

D. Are you a graduate of a 2-year Technical Institute or 4-year accredited College with a degree in the Electrical Field?
☐ Yes ☐ No If yes, name of institution _____
(for credit, please provide a copy of your transcripts)

EXPERIENCE DATA – break down your experience according to each classification

Classification	Hours as an Apprentice	Hours as a Journeyman	Hours as an Electrical Contractor
Residential/Farmstead wiring			
Commercial/Industrial wiring			
School (2000 hrs. maximum) <i>Provide name of school</i>			
Apprenticeship Classes. <i>Hours and which organization?</i>			
Other electrical experience. <i>Please state type and hours</i>			
Applicants for Journeyman or Class B electrician licenses only Did your training include familiarization and study of the National Electrical Code, commercial wiring, residential or farmstead wiring, or both, electrical motor installation, electrical motor controls, and blueprint reading? [check one] <input type="checkbox"/> Yes <input type="checkbox"/> No			
Applicants for Electrical Contractors licenses only Did your training include technical knowledge to plan, lay out, and supervise the installation of electrical light, heat, and power in accordance with the National Electrical Code? <input type="checkbox"/> Yes <input type="checkbox"/> No			

REQUIREMENTS

Apprentice/501(d) to Journeyman - must have at least four (4) years of electrical training under the employment and supervision of a licensed electrical contractor or Class B electrician.

Journeyman to Class B electrician – must have at least two (2) years experience working under a Class B electrician or an electrical contractor, with a minimum of one (1) year experience in residential and farmstead wiring.

Journeyman to Electrical Contractor – must have at least two (2) years electrical experience under the employment and supervision of an electrical contractor, of which at least one (1) year is required in commercial wiring.

Class B electrician to Electrical Contractor – must have at least one (1) additional year in commercial wiring under the employment and supervision of a licensed electrical contractor.

PART III

Please list your CURRENT and all your PREVIOUS employers. Provide complete addresses of employers. **Incomplete addresses may cause delay or rejection of your application.** You may attach additional sheets.

Employer	Estimated number of hours for each	Employed (MM/YYYY)	
		From	To
Name _____	Commercial _____		
Address _____	Residential/Farmstead _____	____/____/____	____/____/____
City, State, Zip _____	Lineman _____		
Type of work performed: _____			
Name _____	Commercial _____		
Address _____	Residential/Farmstead _____	____/____/____	____/____/____
City, State, Zip _____	Lineman _____		
Type of work performed: _____			
Name _____	Commercial _____		
Address _____	Residential/Farmstead _____	____/____/____	____/____/____
City, State, Zip _____	Lineman _____		
Type of work performed: _____			
Name _____	Commercial _____		
Address _____	Residential/Farmstead _____	____/____/____	____/____/____
City, State, Zip _____	Lineman _____		
Type of work performed: _____			
Name _____	Commercial _____		
Address _____	Residential/Farmstead _____	____/____/____	____/____/____
City, State, Zip _____	Lineman _____		
Type of work performed: _____			

REMARKS (attach additional sheets if needed)

Application Checklist (ensure your application includes):

- ☐ Signature and Date
 ☐ Required Fees
 ☐ Additional sheets (if applicable to Part II C, Part II D, or Part III)

To Submit: Mail to the Electrical Commission at the address on page 1. Payable to "South Dakota Electrical Commission"

By my signature below, I do solemnly swear the statements made herein are true and correct to the best of my knowledge and belief. I do solemnly swear applicant has attained the required experience for the license requested. I also certify that I understand:

- If this application is not signed and dated or include required fees, the application will be returned to me.
- My SSN may be provided to the Department of Social Services for use in administering Title IV-D of the Social Security Act.
- Application and license fees are not pro-rated and are non-refundable
- Completion of this application does not guarantee approval of exam qualifications.
- Whether this application is approved or disapproved, The Electrical Commission will notify me.

Signature _____ Date ____/____/____